COWIN CHIROPRACTIC CLINIC

In attendance:

Chiropractor Robert Cowin, D.C. Chiropractic assistant: Julie Ivanovska

I WILL RETURN. JULIE MAY NOT

CLINIC NEWS, Robert Cowin, D.C.

Long-service leave for Julie Ivanovska, C.A., and myself begins in about six weeks, on Monday, 7 August 2006.

I will return to part-time practice three months later, on Wednesday, 1 November 2006. Julie will be taking a holiday and then looking for another job. I hope she may be able to return on a part-time basis but expect that by then some other lucky employer may be keeping her too busy to work for me.



Dr John Kyneur

Haberfield chiropractor John Kyneur, B.Sc. D.C., and chiropractic assistant Gabriella Kovacs will be seeing patients **at Cowin Chiropractic Clinic** on Wednesdays (9 AM to 6 PM) and Saturdays (2 PM to 6 PM) while I am away.



Ms Julie Ivanovska & Mrs Gaby Kovacs

Dr Kyneur has been in practice as a full-spine chiropractor with an interest in the uppercervical spine for 25 years. He was the senior author of an academic paper on the history of chiropractic equipment which was later selected as a chapter in a major book published in 1995 to chronicle the first 100 years of the chiropractic profession¹.

In his practice he uses an adjusting instrument (hybrid Pettibon/Sweat type) similar to ours. To date, his X-ray and adjusting protocols (modified Harrison) have differed considerably from the ones developed by Kathleen Bras, D.C. (retired), and myself at this clinic. However, since March 2006 he has been working with me every Monday morning, as well as studying

(Continued on page 2)

STOP, REST AND PRACTISE... or drive someone crazy



Mrs Jayne Starcevic, Wollongong

I was referred to Cowin & Bras Chiropractors by my partner Andrew after nearly driving him crazy with my moaning and groaning. <u>Tiredness</u>, <u>depression and irritability were a</u> <u>common byproduct of the constant</u> <u>physical discomfort I was experiencing</u>. Previously, I had had manual chiropractic adjustments which gave short-lived relief.

Primarily, the causes of my symptoms were a traffic accident and a difficult pregnancy and posterior delivery of my daughter. Sciatica, upper thoracic pain, neck and shoulder tension, abdominal

(Continued on page 2)

RELIEVED, WELL AND AWARE

My name is Josh, I'm 21 years old and have been going to my chiropractor for just over four years.

During my early teens I suffered a couple of back and neck related injuries.



Mr Josh Fernandez, Farmborough Heights

I received physiotherapy for some of these which did help but seemed to provide only short-term relief.

By the time I was about 17 the discomfort in my back had worsened

NEWSLETTER No. 6

VOLUME 4, ISSUE 2, 27 JUNE 2006

especially in my **lower back** and I also started to get **regular headaches** which would occur at any time. These symptoms made it <u>very difficult to concentrate and remain in the same seated position for an extended period of time</u>. This became a great distraction in a classroom situation. Being a very active person my back would tend to flare up after periods of physical activity and would cause great discomfort. It was then that I was taken to see a chiropractor by my mum who had been receiving chiropractic treatment for a number of years.

Within the first few months of treatment I noticed a marked improvement in the feeling and movement in my lower back and a dramatic decrease in the number of headaches I got. I also noticed an increase in energy levels and concentration span. I now only receive an adjustment once every two months.

Since beginning chiropractic care I have (Continued on page 2)

"MY ONLY REGRET"



Dr Tilaka Wickramasinghe, Oak Flats

I first heard of the Cowin Chiropractic Clinic from my husband. About 10 years ago, he suffered from headaches which did not respond to any kind of treatment. As he was averse to using pharmaceutical preparations, he consulted Dr Robert Cowin who treated him with great success. A few years later, I suffered a torn ligament in my right arm which caused me a considerable degree of pain. My doctor advised me to see a physiotherapist and if that did not help, to start on a course of cortisone injections. The latter, I was not prepared to do at any cost. The physiotherapy helped to some extent but it was not sufficient.

The simplest household chores – like chopping vegetables – became a major task. Vacuuming was out of the question. I would suffer neck and

I WILL RETURN, JULIE MAY NOT, continued

at home and using some of our procedures in his Haberfield practice.

I have known John since I gave a guestlecture to his final-year chiropractic class 26 years ago and we have kept contact ever since. He used to travel from his former practice in Newcastle to ours in Wollongong to receive adjustments and impressed both Kathleen and myself as being a conscientious patient and conscientious chiropractor.

Gabriella Kovac has been a chiropractic assistant and office manager in both solo and group practices for about 10 years. Her enthusiasm for chiropractic, particularly for upper-cervical chiropractic, has been a significant encouragement for both John and myself.

By August, we will have some telephone diversion and/or answering service installed to serve both the Wollongong and Haberfield clinics.

One of my aims when I return to practice in November will be to help John and Gaby to continue to develop the upper-cervical procedures of their practice at

101 Dalhousie Street Haberfield, NSW, 2045. Phone: (02) 9799 9995 Email: johnkyneur@ozemail.com.au

In the meantime, Julie and I are relieved and happy to think that you will be in good hands.

¹Kyneur JS, Bolton SP. Chiropractic equipment. In Peterson D, Wiese G, editors. Chiropractic: An illustrated history. St Louis, Missouri: Mosby—Year Book Inc.; 1995 p. 262-287. [See our copy in the waiting room.]

STOP, REST AND PRACTICE,...or drive someone crazy, continued

discomfort, tinnitus, dizziness and jaw clicking and locking were a constant drain on my physical and mental state.

Unfortunately, I cannot declare a miraculous recovery. But I can say that there has been significant improvement. I seldom experience the debilitating pain of sciatica and the other symptoms have decreased significantly.

This is not only due to regular chiropractic adjustments but also to **observing my body** and listening to its limitations. For example, most recently <u>the bite of my teeth felt</u> <u>misaligned</u>, but after a rest on the pillow my jaw had realigned the bite. **Other indicators** may be: <u>a little extra stiffness in my neck,</u> <u>heat in my right hip,</u> <u>weakness in my right arm</u> <u>or a change in the ringing in my ears</u>.

Any of these symptoms tell me it's time to **stop** and have a **rest** on the pillow and **practise** some of the self-help movements from the tape/CD.

I know these make an enormous difference because when I ignore these indicators and continue to work instead of resting I revert to the woman who drives her partner crazy!

Chiropractor's report on Jayne: (See P. 3)

RELIEVED, WELL AND AWARE, continued

become <u>more in tune with what my body</u> <u>is doing and can tell when I'm beginning</u> <u>to lose my adjustment</u>. This is a huge benefit to me as it enables me to know when it is happening and take the necessary precautions.

I find that regular stretching, even if it's only five minutes' worth is greatly beneficial as it helps to get rid of any stiffness and the build up of tension in my back and neck. **I also rest my neck nightly using a Chinese pillow** for at least 15 minutes and have found that by combining this with the stretching I am able to hold my adjustment for a much longer period of time.

I have found that chiropractic has not only helped relieve my symptoms, but has also increased my overall wellbeing.

Chiropractor's report on Josh: See P.3

"MY ONLY REGRET", continued

shoulder pain with the slightest exertion. My neck was so stiff that I found it difficult to tilt my head back in order to swallow my vitamin tablets. I could hardly turn my neck to the right or left and I could not look over my shoulder. I <u>could not lift a couple of shopping bags or push a shopping trolley</u> without experiencing a great deal of **knee pain**. Finally, it came to the stage that I **could not even carry my own handbag without suffering discomfort**.

My husband, a GP, advised me to seek treatment from Robert Cowin, as he had a lot of confidence in him. <u>But I</u> <u>kept postponing it as I was at the time</u> <u>involved in some research at the</u> <u>university</u>.

[R.C.'s note: This research, into (mis)management of mental health

problems¹, last year earned Tilaka her Ph.D. degree from the University of Wollongong. See websites below or hard copy in our clinic library.]

Eventually, I did make an appointment with the Cowin Chiropractic Clinic and started on a course of treatment. I will not go into details of the procedures but suffice it to say that **after a few chiropractic adjustments I began to feel so much better.**

<u>I use the Chinese Pillow very regularly</u> <u>– sometimes about five times a day</u>. It has benefited me so much and I think I am addicted to it! <u>It takes away my</u> aches and pains and I wonder now how <u>I ever did without it</u>. Resting on the Chinese pillow helps to maintain the adjustments and I find it very soothing and meditative. <u>As a Buddhist, I</u> practise meditation and while resting on the pillow I find myself drifting into meditation, concentrating on my breath.

At the beginning, I regret to say that I did not use the self-help audiotape as much as I should have. But over the months, I have gradually increased its use and find the selfobservation procedures help me to understand my body better and hold the adjustment longer.

Within six months of treatment I have had an amazing improvement in my health. I can now get on with my life with a great deal of ease. I had given up my daily walks due to my knee pain but now I am enjoying them once more. I have learnt to be kind to my body since I understand it better. **Most importantly, I have learnt not to overstep the mark** and if I do push it too far, a rest on the Chinese pillow and a dose of the self-help tape bring me up to scratch.

My only regret is that I did not seek treatment earlier. By postponing, I suffered unnecessary pain. I am very grateful to Robert Cowin for his kindness and patience which he dispensed in with abundance along his treatment. My sincere thanks to him and Julie, in whom he has a wonderful assistant. Μv concluding wish is that we will see them back again in October.

¹ Ph.D. Thesis: OUT OF MIND, OUT OF SIGHT: government policy on migrants' mental health, Australia 1960-2000.

http://www.library.uow.edu.au/adt-NWU/uploads/approved/adt-NWU20060320.155658/public/01Front.pdf

http://www.uow.edu.au/student/graduation/ photos/2005-dec-12/

Chiropractor's report on Tilaka: See P. 3

JAYNE: Chiropractor's report

Jayne began care here nearly six years ago. As listed above, she was suffering from a cluster of about 10 symptoms. They had been present since a motorvehicle accident 19 years earlier. Her quality of life was rotten and not getting better.

In more technical language my clinical suspicion, findings, recommendations follow:

SUSPICION: Vertebral misalignment and after-accident atrophy (of at least one cervical muscle—Rectus Capitis Posticus Minor) was likely.

FINDINGS: Upper-cervical orthongonal¹ (UCO) X-rays suggested that **coupled misalignments** at the upper-cervical joints were present, in which the atlas vertebra (CV1) had shifted and settled in a frontal-plane malposition that was to the right of the centre-of-gravity line by one and a half degrees (**R1.59**). (See Figure 1, which is taken from another case but which illustrates similar malpositions.)



Figure 1, frontal-plane A-P Nasium X-ray of the craniovertebral spine

The second and third cervical vertebrae (CV2 and CV3) seemed to have shifted and settled even further to the right and thereby added another 1.75° into (INTO 1.75°) the malposition above it.

On another UCO X-ray, in the horizontal plane, it seemed that atlas had shifted and settled to the right and anterior (**RA**) of the occipital joints. (See Figure 2)



Figure 2, horizontal-plane P-A vertex X-ray of the craniovertebral spine

Among some UCO chiropractors Jayne's disorder is known as an "RA

INTO", which is one of the 12 major categories of U.C.O. misalignment mixtures used in this office to describe loading problems of the head and upper neck.

RECOMMENDATIONS:

1. regular U.C.O. chiropractic adjustments to keep reinstating improved but unstable head-neck loading, and

2. regular exercise of the brainy kind² to reduce the instability that may have come from the after-accident atrophy.

COMMENTS: An instance of this **RA INTO** disorder had been discussed more fully in a case report on neck pain and Meniere's disease (<u>Cowin R, Bryner</u> <u>P. Hearing loss, otalgia and neck pain:</u> <u>A case report on long-term chiropractic care. Chiropr J Aust 2002 Dec; 32(4):</u> <u>119-30.</u>) Also, three of Jayne's cluster of symptoms, like the case-report subject's, were mild hearing loss, dizziness and tinnitus.

The two illustrations used here were originally prepared for that case report.

I know that for most people these comments will have been very heavy reading. If you have read this far, congratulations! Let me know about it. You may be an uncommon and prized reader.

Your prize (or punishment)s may be: 1. that I will produce another newsletter and 2. that I will write a plainer-English but lengthier discussion on anything that caught your interest, particularly if it's something that dominates mine, such as after-accident atrophy, head-loading instability, misalignment categories, types of upper-cervical chiropractic protocols, brainy exercise and winning back some control over one's health.

Some authors have noticed that when whiplash symptoms have persisted for more than two years after a motorvehicle accident, <u>the sufferer is unlikely</u> <u>ever to regain significant control over</u> them.

<u>As her story shows, against the odds, Jayne has regained significant control.</u>

¹ An early use of the term Upper-Cervical Orthogonal was the following article: Owens EF. Line drawing analyses of static cervical X-ray used in chiropractic. J Manipulative Physiol Ther 1992; 15(7)442-49.

² For example, any Feldenkrais Awareness-Through-Movement (A.T.M.) exercise, including the one recorded on our Self-Help audiotape/CD.

JOSHUA: Chiropractor's report

Spinal problems may begin at an early age. Josh's backaches, neck pains and headaches were first noticed in his early teens.

Examination, history and UCO X-rays suggested that Josh's primary problem was his upper neck rather his lower back.

Like Jayne, it seemed that his atlas vertebra, when viewed on a frontal plane X-ray, had shifted and settled in a malposition that was to the right of the centre-of-gravity line of the skull. Unlike her atlas, however, in the horizontal plane, his seemed to have shifted and settled to the right and posterior of the occipital joints. And unlike her second and third cervical vertebrae (CV2 and CV3) which had shifted in a way that increased the malposition to the right, his had gone to the left ("AGAINST") in a way thought to partially decrease or adapt to the malposition above.

Among some UCO chiropractors, Josh's combination of upper-cervical vertebral misalignments is known as RP AGAINST.

Our clinic's youngest current patient is six years old and our oldest is 90.

I surmise that by getting chiropractic adjustments in his 'teens that Joshua has prevented his spinal problems from progressing into his twenties.

TILAKA: Chiropractor's report

When Tilaka wrote her story, our plans for the clinic were uncertain but are now published above in this newsletter.

Among the 12 categories mentioned earlier (in Jayne's report), Tilaka's mix of misalignments is known as "LP INTO", meaning that, on the frontal plane X-ray, her atlas vertebra seemed to have shifted and settled to the left of the centre-of-gravity line of the skull and her second and third cervical vertebrae (CV2 and CV3) seemed to have gone to the left, that is, even further into that presumed loading distortion.

On the horizontal plane X-ray, her atlas seemed to have shifted and settled to the left and posterior of the occipital joints.

In this clinic, the only target disorders of the spine (the only region of the spine to receive chiropractic adjustment) are presumed vertebral misalignments of the upper neck.

As the cases in this and earlier newsletters show, relief from symptoms of many different disorders in many different regions has been reported from adjusting the neck. For example, <u>Tilaka's report and her records have</u> <u>repeatedly demonstrated that her</u> <u>knee pain is rapidly relieved by a</u> <u>neck adjustment</u>.